

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|---|------------------------|--------------------------|
| <h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> | | Application Number | 10/588,612 |
| | | Filing Date | (Int'l) February 4, 2005 |
| | | First Named Inventor | Yasuo SUDA |
| | | Art Unit | 1625 |
| | | Examiner Name | T. Solola |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 247322003700 |

ENCLOSURES (Check all that apply)

| | | | | |
|---|--|---|---------|--------------------|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental - 3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08a/b (1 page) 3 References | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Remarks</td> <td>Customer No. 25225</td> </tr> </table> | | | Remarks | Customer No. 25225 |
| Remarks | Customer No. 25225 | | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------------|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP | | |
| Signature | /Michael G. Smith/ | | |
| Printed name | Michael G. Smith | | |
| Date | October 18, 2007 | Reg. No. | 44,422 |